

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-022179

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 46

Primary Registration District No. 4063

Registrar's No. 31

VS 300
Rev. 4/59

0130

0130

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4 0

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95271

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11

1290-2

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. ~~FILED~~ **JUN 28 1962**

a. COUNTY **Caldwell**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Hamilton**

Length of stay in 1b
40 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Home**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Caldwell**

c. CITY
OR
TOWN **Hamilton**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
David Anderson Sweem

4. DATE OF DEATH Month Day Year
June 10 1962

5. SEX **Male**

6. COLOR OR RACE **White**

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH **10/25/88**

9. AGE (last birthday) **73**

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Farming

11. BIRTHPLACE (City and state or country)
Caldwell Co. Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Clayton Sweem

13b. MOTHER'S MAIDEN NAME
Cynthia Stanfil

14. NAME OF HUSBAND OR WIFE
Della Sweem

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes W.W. # 1

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs. Della Sweem Hamilton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line during most of working life, even if retired)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cardiac failure (right side)
Emphysema**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw him alive on **June 9, 1962**
Death occurred at **7:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. P. Elder DO.

22b. ADDRESS

Hamilton, Mo.

22c. DATE SIGNED

6-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
6/12/1962

23c. NAME OF CEMETERY OR CREMATORY
Highland Cemetery

23d. LOCATION (City, town, or county)
Hamilton, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Morris A. Bram Hamilton, Mo.

25. DATE RECD. BY LOCAL REG.

June 26-62

26. REGISTRAR'S SIGNATURE

Gladys Jones

(Licensed Embalmer - Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 28 1962

JUN 28 1962

This is The second Certificate
on this The fruit was lost in mail

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Morris A. Bram

Licensed Embalmer No. 3918

P. O. Address Hamilton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.